

## State Elected Official Financial Disclosure Form

Name of Official: Debbie Bovee

Office Held: Representative House 36

Senate District (if applicable): \_\_\_\_\_

House District (if applicable): 36

Business Address: \_\_\_\_\_

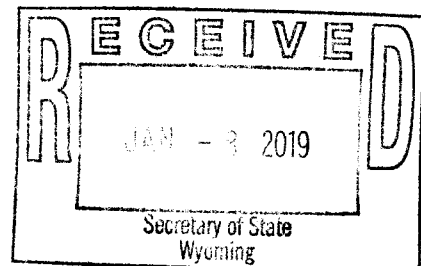
Business City, State and Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: 4067 E. 14th

Home City, State and Zip: Casper, WY 82609

Home Phone: (307) 287-1779



## I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

- a) List the *offices* held in business enterprises. This includes partnerships.

**Office Held**

**Name and Address of Enterprise**

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- b) List any *directorship positions* held in business enterprises.

**Name of Enterprise**

**Address of Enterprise**

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- c) Salaried Employment

**Job Title**

**Name and Address of Enterprise**

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## II. Sources of Income

(Please use additional sheets as necessary.)

a) **Employment**

**Name of Employer**

**Address of Employer**

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- b) **Business Interests** - list the names and addresses of all business entities in which you have a business interest (W.S. 9-13-108 (c) states: "Name and address of all business entities but excluding interests if less than ten percent (10%) of the entity is owned, or sole proprietorship from which income is earned. . . .")

**Name of Business Entity**

**Address of Business Entity**

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c) **Investments**

**Income Earned**

A. Any security or interest earnings

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Yes

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No

B. Real estate, leases, royalties

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Yes

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No

- d) Other (describe generally): Wyoming Retirement, Social Security

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On this 4th day of January, 2019, I affirm that the preceding information is accurate.

Debra (Debra) Bovee  
Signature